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PTO/SB/82 (09-03)

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ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/993,192
Filing Date	November 14, 2001
First Named Inventor	Sangki Rhee
Art Unit	1636
Examiner Name	David A. Lamberton
Attorney Docket Number	4220-116.1 US

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number: 

R

<input checked="" type="checkbox"/> Firm or Individual Name	Patrick H. Higgins				
Address	Fox Rothschild LLP				
Address	997 Lenox Drive, Building 3				
City	Lawrenceville	State	NJ	Zip	08648
Country					
Telephone	609-896-7654	Fax	609-896-1469		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Duck-Rog Lee, Ph.D.		
Signature			
Date	November 10, 2004	Telephone	82-2-255-1717

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/993,192
Filing Date	November 14, 2001
First Named Inventor	Sangki Rhee
Title	
Art Unit	1636
Examiner Name	David A. Lambertson
Attorney Docket Number	4220-116.1 US

I hereby appoint:

☐ Practitioners associated with the Customer Number.

OR

☒ Practitioner(s) named below:

Name	Registration Number
Patrick H. Higgins	39,709

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patrick H. Higgins				
Address	997 Lenox Drive, Building 3				
Address					
City	Lawrenceville	State	NJ	Zip	08648
Country					
Telephone	609-896-7654	Fax	609-896-1469		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Duck-Rog Lee</i>		
Name	Duck-Rog Lee, Ph.D.	Date	November 10, 2004
Title and Company	Patent Attorney/VEL Patent & Trademark International	Telephone	82-2-255-1717

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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